

Maine Department of Labor  
UNEMPLOYMENT COMPENSATION DIVISION  
P.O. Box 259  
Augusta, Maine 04332

QUESTIONNAIRE REGARDING EMPLOYMENT RELATIONSHIP WITH WORKER

Company	Worker
Business name	Address
Address	Social Security No.
Telephone No.	Telephone No.

- 1 Describe the company's type of business. \_\_\_\_\_
- 2 Describe the worker's duties with the co. \_\_\_\_\_
- 3 What are the beginning and ending dates of this employment? \_\_\_\_\_
4. Where are the worker's services performed? \_\_\_\_\_
5. How did you come to hire this worker? \_\_\_\_\_
6. What type of work did this person do before starting this job? \_\_\_\_\_
- 7 Who obtained the contract with the customer for the work performed by this worker? \_\_\_\_\_
8. How does the co. pay this worker? (Hourly, etc. \_\_\_\_\_ How often? \_\_\_\_\_  
Was amount negotiated with the worker? \_\_\_\_\_
9. Did the worker receive training by the company? \_\_\_\_\_
- 10 How often does this person work for you? \_\_\_\_\_
- 11 Does the worker hire, supervise or train other workers at the company's expense? \_\_\_\_\_
12. Does the worker have workers of his/her own? \_\_\_\_\_
13. Who furnishes the tools and equipment? \_\_\_\_\_
- 14 Does the co. set the hours of work? \_\_\_\_\_
- 15 Does the co. require the worker to report to a certain location each day? \_\_\_\_\_
16. Does the co cover the worker under its Workers' Comp. Insurance? \_\_\_\_\_
- 17 Does the worker advertise his/her services to the general public? \_\_\_\_\_
- 18 Does the worker have his/her own place of business? \_\_\_\_\_

19. Who pays for work that must be done over?\_\_\_\_\_
20. Is the worker required to provide insurance for loss or damage he/she might cause?  
\_\_\_\_\_
21. May the worker end the relationship with the company without any obligation to the company? \_\_\_\_\_
22. May the company end the relationship without any obligation to the worker?
23. Who pays for the materials and supplies used by the worker?\_\_\_\_\_
24. Who pays for the worker's job related expenses, such as travel and food?\_\_\_\_\_
- \_\_\_\_\_
25. Can the worker lose money by working for the company?\_\_\_\_\_
26. Does the worker have a license to perform his/her work?\_\_\_\_\_
- \_\_\_\_\_
27. Does the company provide benefits to the worker, such as sick pay, vacation, etc?  
\_\_\_\_\_

Please submit copies of all written agreements between your company and the worker.

Remarks: \_\_\_\_\_

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Company representative \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_